

FILED MAY 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16753

318

1003

4396

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2721 Allen				STREET ADDRESS (If rural, give location) 23 2721 Allen 2230			
3. NAME OF DECEASED (Type or Print) BARBARA		a. (First) A		c. (Last) KEYMANN		4. DATE OF DEATH (Month) (Day) (Year) May 17 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 15 1887	
9. AGE (in years last birthday) 67		10. AGE (in years last birthday) Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Columbia Ill		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Columbia Ill		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Adam Schroeder		13b. MOTHER'S MAIDEN NAME Josephine Schallam		14. NAME OF HUSBAND OR WIFE Frank C Keymann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Frank C Keymann 2721 Allen			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR? <u>4222</u>	
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>Nov 14</u> , 19 <u>66</u> , to <u>May 17</u> , 19 <u>66</u> , that I last saw the deceased alive on <u>May 14</u> , 19 <u>66</u> , and that death occurred at <u>10:20 A.M.</u> , from the causes and on the date stated above.						23. DATE SIGNED 5/18/55	
23a. SIGNATURE <u>E. J. Schnur</u>		(Degree or title) MD		23b. ADDRESS 2027a So Jefferson		23c. DATE SIGNED 5/18/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE May 20 55		24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul		24d. LOCATION (City, town, or county) (State) Waterloo Ill	
DATE REC'D BY LOCAL REG. MAY 18 1955		REGISTRAR'S SIGNATURE <u>E. J. Schnur</u>		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schnur 3125 Lafayette			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Thomas R. Fenwick*

Licensed Embalmer No... 3793

P. O. Address... 3125 Lafa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.